



Stallion Service Certificate

Return form to:
AIMHCNZ Registrar: Linda Jackson
93 Manutahi RD, RD 2, New Plymouth 4372
Or email : aimhcnz.registrar1@gmail.com

This is to certify that:

(Registered name of stallion):

AIMHCNZ Registration Number: _____

Owner Name: _____

Address: _____

Phone: _____

Email: _____

Was bred to:

(Registered name of Mare):

AIMHCNZ Registration Number: _____

On the following dates:

Stallion owners/lessee Signature/s:

Date: _____